

# **HIV/AIDS and the Impact of Stigma and General Discrimination within an Organisation**

by

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### **Declaration**

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## **Abstract**

This research has sought to critically discuss and analyse how the introduction of a HIV and AIDS policy in the workplace reduces stigma and discrimination within the workplace, increases VCT and reduces the risk of infection. This research, sought to further discuss and analyse how the ideas, beliefs and values embedded within a HIV and AIDS policy can be further extended into the community. This research focused on the literature of key theorists such as Donnelly, S. (2002). *A New Form of Discrimination in the Workplace* ([www.iol.co.za](http://www.iol.co.za) April 29th 2002), Hereck, G.M. (1990). *Illness Stigma and AIDS. Psychological Aspects of Serious Illness*. Washington D.C.: American Psychological Association. Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice Hall as a means of validating the research. This research has further made use of both qualitative and quantitative methods through the use of biographical questionnaires and structured one-on-one interviews. In so doing the research has found that the implementation of a HIV and AIDS workplace policy would assist in eradicating stigma and discrimination in the workplace.

## Opsomming

Die doel van die studie was om te bepaal tot watter mate die implementering van 'n MIV/Vigsbeleid stigma en diskriminasie in die werksplek kan verminder, vrywillige toetsing kan aanmoedig en infeksie kan voorkom.

Die navorsing poog verder om te bepaal op welke wyse die idees, waardes en gelowe, soos vervat in 'n MIV/Vigsbeleid, uitgebrei kan word na die wyer gemeenskap.

Die navorsing fokus op die teoretiese werk van Donnely, S. (2002), *A New Form of Discrimination in the Workplace* ([www.iol.co.za](http://www.iol.co.za) April 29th 2002); Hereck, G.M. (1990). *Illness Stigma and AIDS. Psychological Aspects of Serious Illness*. Washington D.C.: American Psychological Association en Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice Hall ten einde die geldigheid van die navorsing te bepaal.

'n Gestruktureerde vraelys en onderhoud is vir dataversameling gebruik en die bevinding van die studie is dat 'n goed-geformuleerde MIV/Vigsbeleid wel stigma en die diskriminasie in die werksplek kan voorkom.

## **Acknowledgements**

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## Chapter 1. Introduction

Throughout the years, HIV and AIDS has engraved itself as an issue which has been a continuous increasing concern amongst individuals and within society as a whole. Society has been proven to be porous in such a way that HIV and AIDS not only affect the individual, however its effects extend further to societal institutions such as the workplace. Therefore with time, it has been found that when dealing with and analysing the issue of HIV and AIDS, one has to look beyond the individual, as society is a web consisting of interconnections between its agents, mainly the individual and institution/organisations. In light of the above, this research paper has sought to specifically look at the problem of stigma and discrimination, generally, within the organization/institution. Furthermore this research paper sought to emphasise on how the HIV and AIDS workplace policy would promote the eradication of stigma and discrimination within the workplace. Mahube Care Centre provides free voluntary counselling, testing, and referrals, bi-weekly emotional support groups for those affected and/or infected by HIV, clothing and blankets for marginalized individuals, couples or family therapy, outreach and pastoral counselling to people with AIDS in local hospitals, linking to home-based care services, training and awareness through workshops and seminars, a community employment and housing board where the public can post their needs and services, school outreach programmes. The organisation/institute has a total of 8 workers. Mahube Care Centre is *dedicated to being on the front line helping to mitigate suffering, grief and the spread of HIV/AIDS*. This research is significant in that HIV/AIDS has proven to be a problematic epidemic which not only cripples the individual but also society and its institutes, therefore this research can assist in providing ways in which the relationship between HIV and AIDS and organizations/institutions can be better understood.

A survey of the literature will be presented in chapter 2 followed by conceptual framework in chapter 3.

Initial expectations will be discussed in chapter 4 and the methodology of the study will be explained in chapter 5.

Results of the study and analysis thereof will be presented in chapter 6 and an evaluation of the findings will be discussed in chapter 8.

Final conclusions will be drawn and presented in chapter 9

A survey of the literature will be presented in the next chapter.

## Chapter 2. Literature review

From the moment scientists discovered HIV/AIDS, social responses of fear, denial, stigma and discrimination have accompanied the epidemic. Discrimination has spread rapidly fuelling anxiety and prejudice against groups most affected and against people living with HIV/AIDS. The HIV epidemic has shown itself capable of producing compassion, solidarity, support and understanding amongst people. Unfortunately, it has also shown to produce depression, stigma and discrimination as families tend to reject loved ones and members of the community who are affected (or believe to be affected). Stigma can be defined as an undesirable or discrediting attitude that an individual possesses, thus reducing that individual's status in the eyes of society and can result from a particular characteristic, such as physical deformity or it can stem from negative attitudes towards a group such as homosexuals or prostitutes (Goffman 1963). The act of stigmatization is a dynamic social process linked to societal power structures and societal labelling that arises from the perception that has been a violation of shared attitudes, beliefs and values (Goffman 1963; Brown 2001; Link 2002; Parker 2001).

Stigma is a powerful tool of social control. Stigma can be used to marginalize, exclude and show power over those who show certain characteristics. According to Hereck (1990), stigma could be attached to AIDS at a cultural level and translates into individual attitudes. AIDS related stigma adds an additional layer to the challenges of coping with HIV/AIDS. Furthermore, AIDS related stigma refers to all unfavourable attitudes, beliefs, behaviours and policies directed at persons perceived to be infected with HIV and therefore prevents them from being treated normal. Hereck (1990) further states that, culture plays a role in stigma, isolation and discrimination and it is affecting the spread, prevention, treatment and care of HIV/AIDS. Sarah Donnely (2002) states that discrimination is well and alive in South African companies and it is wearing a new mask in the form of HIV/AIDS. She further states that, while the employment equity act has done a lot to address race and gender inequalities, and in enlightening discrimination in the area, insufficient attention is being paid to discrimination on the grounds of HIV status. The paramount obstacle that acts as a barrier to fighting AIDS in the workplace is the ongoing stigma and prejudice that surrounds the disease. Any HIV/AIDS programme which does not address as its central issue, negative

attitudes held by employees, are set for failure. Workplace stigma and discrimination stem from misinformation and the fact that HIV/AIDS is mainly transmitted sexually.

HIV related stigma refers to all unfavourable attitudes, practices, beliefs and policies directed to people believed to have HIV/AIDS , as well as towards their significant others such as loved ones, close associates, social groups and communities. Patterns of prejudice which include devaluing, discrediting, discounting and discriminating against these groups of people, play into and strengthen existing social inequalities, especially those of gender, sexuality and race, which are at the root of HIV related stigma. In South Africa, the above is further compounded by social and economic considerations such as unemployment and poverty. HIV/AIDS related stigmatization and discrimination are major health challenges because they hamper the effectiveness of prevention and care programmes. People's fear, prejudice, ignorance, and denial of HIV/AIDS manifests into dissociation, rejection, discrimination and stigma towards people living or perceived to be living with HIV/AIDS. The stigmatization and discrimination associated with HIV/AIDS inflicts fear and prevents a great number of people living with HIV/AIDS from testing, seeking treatment for and information about the disease because of the shame associated with the epidemic. Most have not gone for voluntary counselling and testing (VCT). Often they refuse to get tested as they would rather kill themselves than finding out they are positive. In my opinion, the above response is partially due to the stigma attached to being HIV positive.

At the ICASA conference, which was held in 2003, stigma was divided into four levels:

- Level 1: Denial
- Level 2: Fear, stigma, isolation, rejection of those known or suspected to be HIV positive.
- Level 3: Awareness leading to knowledge about the transmission and personal risk assessment leading to family acceptance.
- Level 4: Community tolerance, leading to eventual acceptance, support, solidarity and enhancement of community care.

South Africa is probably on level 2.

HIV/AIDS were seen to cause insecurity in employment and discrimination in the workplace. It has been reported that some organizations terminate the contracts of people with AIDS when they become ill. Those who were HIV positive and unemployed found it difficult to

find work; those who did find work were likely to encounter discrimination because of their HIV status.

Enacted stigma, however, refers to the real experience of discrimination. An example of enacted stigma would be disclosure of HIV status by an individual could lead to a loss of job, health benefits or social ostracisation. This is one of the challenges we face in South Africa. In 1998, Gugu Dlamini, an AIDS activist, was killed by members of her own community for openly disclosing her HIV status (Brown L et al 2001).

## **2.1 HIV and AIDS impact on South African organisations**

According to the Department of Health (South Africa), AIDS will affect the world of work because of its impact on:

- Productivity
- Costs
- The National Economy

Productivity will be reduced absenteeism and loss of morale. Furthermore, a lack of an HIV and AIDS Policy can, in some instance, be directly linked to under performance of individual employees who might be constantly bothered by the implication of the disclosure or a possible publication of their Status, resulting in a possible under-performance of a whole team and eventually affecting the company's performance. Costs will increase if the employer has to pay for additional employee benefits. The loss of skilled workers to AIDS means there will be a need to train new workers which would invariably increase operational costs in most organizations. The impact of HIV and AIDS on the national economy is that life expectancy of the working group (crucial group of the national economy which mostly comprises of the majority of skilled individuals in South Africa) would be reduced due to fear of disclosure which arises from stigma and discrimination, therefore leaving a gap in the working class of the economy.

## **2.2 A HIV and AIDS Workplace Policy**

Defines organizations' position on HIV and AIDS and sets out clear guidelines on how HIV and AIDS would be managed within the workplace. This is very important, as workers would know what the organization's position on HIV and AIDS is and aligns the workplace response to the legal requirements. In South Africa, it is not compulsory that all organizations

have a HIV and AIDS policy. Therefore, according to the code of good practice, an HIV and AIDS workplace policy is strongly recommended as it:

- Ensures fairness
- Identifies and protects employers and employees rights and responsibilities in the context of HIV and AIDS.
- Sets standards of behaviour of all employers and employees.
- Establishes consistency within the company.
- Sets the standard for communication about HIV and AIDS. This is a very important reason. A lot of people are afraid to talk about HIV and AIDS in the workplace, especially if they are the ones affected. However, people knowing what the organization believes about HIV and AIDS would open up communication and make the organization more transparent.
- Provides a good foundation upon which to build an HIV and AIDS workplace programme.
- Informs employees what assistance is available for HIV and AIDS.
- Sends a strong message that HIV and AIDS is a serious issue in the workplace. This is another important factor. If people believe that the HIV and AIDS policy has the backing of senior management, up to the Chief Executive Officer, it send a strong message that the organization is unlikely to tolerate discrimination against people living with HIV and AIDS.
- Indicate commitment to dealing with HIV and AIDS.
- Better quality of life for employees with HIV and AIDS
- Increased awareness and knowledge of HIV and AIDS and STDs (Sexually Transmitted Diseases)
- Increased awareness and knowledge and the possible impact of the epidemic
- It provides a platform on which the individual can further extend the aim of the HIV and AIDS workplace policy in the organisation into the community.

## **Chapter 3. Conceptual Framework**

### **3.1 Operational Definition**

Bridgman established the principle of operational definition in 1972. From operational definition comes the term “Operationism” which means, those terms must be defined by the step or operations used to measure them. The problem here is creating an operational definition for stigma.

How does one identify stigma in the workplace?

What behaviour would one notice if someone in the workplace is being stigmatized?

How is one stigmatized in the workplace?

- The colour of skin;
- The way they talk;
- The things they do;
- The way they look;
- What others attribute to be discreditable or unworthy?

What is important to note is the fact that stigmatization is a process. The qualities to which stigma adheres can be quite arbitrary. Stigmatization therefore describes a process of devaluation rather than a thing.

### **3.2 Hypothesis**

A Hypothesis is a type of idea, which states that two or more variables are expected to be related to one another. The source of my hypothesis was developed (although not exclusively from my literature review) and reasoned based on observations of events in the workplace. The main objectives I have stuck to in developing the hypothesis is ensuring that it is capable of being refuted or confirmed. I am

The hypothesis I will be testing in my study is: The introduction of HIV and AIDS policy reduces stigma in the workplace, increases openness about HIV and AIDS in the workplace, increases VCT and reduces risk of infection.



### **3.3 Structure versus Agency**

Societal stereotypes and/or cultural expectations can affect the way an individual behaves to a certain issue. The individual might behave a certain way in the workplace but in a completely different manner when they go back into their community. The HIV and AIDS workplace policy looks to go beyond the individual in the workplace in that it also looks to penetrate the community through/with its principles (training, workshops, etc...). Therefore, most if not individual actions are shed by societal constructs and expectations.

### **3.4 Socialization**

Socialization can be understood as the process through which individuals assimilate or integrate into a given society, through the adoption of certain norms, customs and ideologies which pertain to society. This concept is also essential because perceptions and certain stereotypes arise within society and in integration of perceptions are factors which individuals tend to adopt.

## **Chapter 4. Initial Expectations**

To reiterate, my hypotheses are:

- Introduction of HIV and AIDS policy reduces stigma in the workplace
- HIV and AIDS policy increases openness about HIV and AID in the workplace
- HIV and AIDS policy increases VCT
- HIV and AIDS policy reduces risk of infection

I am of the opinion that most of the respondents in my questionnaire will agree that introduction of a HIV and AIDS policy at the organisation will reduce stigma within the organisation. Externally and when it comes to dealing with our clients we have no problems talking about HIV and AIDS. Internally it is a different issue. When staff goes off sick, there is a quiet suspicion in the minds of others that, that person is HIV positive, especially if the person is on long term sick leave.

### **4.1 HIV and AIDS policy increases openness about HIV and AIDS in the world of work.**

I believe that most of the respondents would agree that an HIV and AIDS policy increase openness at the organisation. At the moment, the staff in the organisation does not know the organisation's standing regarding HIV and AIDS. They are very aware of the position towards the clients. But internally they do not know where the organisation stands. This has therefore created uncertainty amongst staff members to be open about their status, or discuss their concerns and fears amongst one another. I have been told about rumours of others in the organization that people say are HIV positive. All these rumours and secrecy is a problem and something needs to be done within the organization to stop this.

### **4.2 HIV and AIDS Policy increases VCT**

I am not sure which way this will go. I believe that HIV and AIDS policy would educate staff about the importance of voluntary counselling and testing (VCT) with the hope that more staff will find out their status. Furthermore, I believe that it will increase the flow of crucial information within communities and the adaptation of a positive attitude and healthy lifestyle. This is my perspective, but I am not so sure if staff would agree with me on this one. One of the problems linked to VCT is stigma attached to testing positive. What happens if one tests positive? People think it is a shame/disgrace/embarrassment.

When I came to work in South Africa, after six months I decided to go for VCT. I was obviously very nervous about it, as people at work were not quite willing me on. However I did go for the test and I noticed that when I told people that it came back negative, I was being congratulated. As a result I stopped telling people the result of my HIV tests. So what happens when one tests positive? My perception is that people probably think it is your fault. The above can be seen as a result of some of society's beliefs and ideologies of HIV and AIDS as a disgraceful/shameful disease.

#### **4.3 HIV and AIDS policy reduces risk of infections**

With this hypothesis, it follows on from the fact that, if staff are tested and know their status, they are more likely to stay negative if they tested negative and are more likely to live positively if they tested positive. From my prospective, not knowing one's HIV status one is in a constant state of uncertainty, which could lead to stress. For example, Pfizer's HIV and AIDS workplace policy states that, "Pfizer's global sites are expected to manage the risk of HIV infections through: (a) appropriate training, awareness, and education on the use of infection control measures in the workplace, (b) provision of appropriate equipment and materials to protect colleagues from the risk of exposure to HIV in the performance of their work, (c) appropriate HIV/AIDS information included in occupational health and first aid training." (Pfizer Inc. 2002)

#### **4.4 Expected Results**

The outcome of the study will hopefully show the importance of having a HIV and AIDS policy at Mahube Care Centre. There is currently no HIV and AIDS policy at Mahube Care Centre. The above is a bit of a strange situation as the organisation provides care and support to people living with HIV and AIDS and other chronic diseases. We have every type of policy pertaining to our clients. In fact Mahube Care Centre is so well known with Home Care as a leader, however, internal policies within the organisation are sadly lacking. The above is challenging because the organisation should act as a role model in dealing with the internal situation and a further role model to workers and surrounding communities therefore acting as a leader when dealing with the epidemic.

Although the HIV and AIDS policy would deal with other areas such ARV's (Antiretroviral), recruitment, confidentiality, counselling, employment law, accommodation, HIV prevention, occupational exposure and post exposure prophylaxis, the bottom line is it will clearly state

the organization's stand on stigma and discrimination of staff who are living with HIV and AIDS.

Stigma and discrimination against people living with HIV and AIDS is one of the biggest problems in the townships towards fighting the pandemic. This has resulted in a lot of people living in denial and fear after having tested HIV positive. HIV related stigma refers to all unfavourable attitudes, practices, beliefs and policies directed to people believed to have HIV and AIDS as well as towards their significant others, loved ones, close associates, social groups and communities. If through the HIV and AIDS policy, stigma within the organization can be reduced, then this would indirectly improve productivity and success, as the amount of time and energies spent in gossip and suspicion could be channelled towards supporting one another.

When people are stressed their immune system is lower and they are more susceptible to being sick. Therefore, one could also promote and emphasise on improving relationships back home, which could also be a source of stress. This therefore means that staff might take sick leave due to stress and loss of morale. However, the HIV and AIDS policy would create awareness about HIV and AIDS internally and would generate open and positive communication amongst staff about HIV and AIDS issues without people feeling that they will be victimized, discriminated or not promoted if they are seen to be discussing about HIV and AIDS due to stigma.

Speaking to my colleagues at work I discovered that there is a perceived fear that if my HIV positive status is revealed in the workplace, I could possibly lose my job. According to Jacoby (1994), this is known as felt stigma and it refers to real or imagined fear of societal attitudes and potential discrimination arising from a particular undesirable attribute, disease (such as HIV), or association with a particular group. Therefore, this fear is due to the fact that there isn't an HIV and AIDS policy outlining Sizani's internal systems with regard to issues of HIV and AIDS in the workplace. However, it is not a simple process of writing a policy, but the staff has to be involved so that they can feel ownership of the process.

## **4.5 Case Studies**

Facts about HIV and AIDS IN South Africa:

“Eighteen percent prevalence of HIV infection in adult population in SA, 1500 new infections per day, over 5 million people living with HIV and AIDS” (UNAIDS Outlook Report, 2010)

### **4.5.1 Mercedes Benz South Africa (MBSA): HIV and AIDS Workplace Programme**

Projects which address improving universal access to HIV and AIDS prevention, treatment and care are supported, especially in vulnerable communities sectors of the economy, since the pandemic is a significant obstacle to sustainable social/economic development in South Africa. MBSA has been a supporter in the fight against HIV and AIDS in the workplace and communities for over 20 years, maintaining a high level of intervention and support in both the workplace and external projects. The MBSA HIV and AIDS workplace programme:

- Extends quality prevention, treatment, care and support to employees, their dependence and the community
- Reflects the corporation's commitment to corporate social responsibility
- Progressively manages the increasing financial and human resource management impacts associated with HIV and AIDS

### **History of MBSA response to HIV/AIDS**

In 1991, MBSA responded to the HIV and AIDS pandemic when it adopted its first HIV and AIDS workplace policy which addressed discrimination in the workplace and identified the importance of workplace- based awareness and education. In 1999, MBMed, the closed, corporate medical AIDS scheme, which extends coverage to all employees and dependants initiated access to prevention and treatment and AIDS related opportunistic diseases and anti-retroviral treatment for HIV and AIDS – administered through the MBMed scheme AIDS FOR AIDS management programme. In 2000, MBSA entered into a 3 year long public private partnership with the German Federal Ministry of Economic Operation and Development. The purpose of the corporation was to ensure:

- The development of progressive and dynamic HIV and AIDS strategy for MBSA which systematically addresses HIV and AIDS as a key obstacle to sustainable development
- The implementation of an appropriate needs based, world class HIV and AIDS workplace programme aimed to preventing new infection amongst employees, dependants and their community, ensuring comprehensive treatment, care and support, and providing a platform for meaningful community involvement.
- The MBSA HIV and AIDS workplace programme continues to deliver world class prevention, treatment, care and support to employees, their families and immediate communities
- The comprehensive approach to managing HIV and AIDS in the workplace has been extended to a range of small and medium sized business partners in the Easter Cape province of South Africa through The Siyakhana Project
- A global HIV and AIDS strategy applicable to local business conditions has been implemented in other Daimler AFG locations based on international guidelines and lessons learnt in MBSA.

#### **4.5.2 TOTAL SA Workplace Policy on HIV and AIDS**

The policy aimed at focusing on aspects of HIV/AIDS which, if not carefully addressed may impact negatively on business and/or the well-being of employees. Therefore, TOTAL commits itself to the following in as far as HIV and AIDS is concerned:

- HIV positive employees will be governed by the same contractual obligations as all other employees
- HIV and AIDS education and awareness training will be made available to all employees
- Pre and post test counselling services will be provided for employees wishing to be tested or for the ones infected with the virus.

No TOTAL staff member shall be required to undergo HIV testing, unless undertaken with the informal consent of the employee, and with the objective being to assist the employee in obtaining the appropriate treatment and care (counselling). HIV testing will form part of the recruitment and selection process.

HIV/AIDS is a disease that shows no racial, gender or class boundaries. TOTAL believes that a person infected with HIV/AIDS must be treated on a similar basis as any other employee suffering from a life threatening disease. As such, employees who are HIV positive or those with AIDS will not be subjected to any form of victimisation or discrimination. TOTAL is committed to fair, sound and non-discriminatory employment practices. Employees who decide to disclose, or are diagnosed with HIV/AIDS positive will not be prejudiced, victimised or discriminated against on the account of their medical condition or status. The presence of HIV/AIDS does not justify termination, demotion or discrimination in employment. The compulsory conditions of service, including pension, funds, medical aid, stated benefits, sick leave, housing, training and development would continue. Employees living with HIV/AIDS, have the same rights and obligation as all staff.

## **Chapter 5. Methodology**

This research was conducted following the qualitative research method. “Qualitative research is intended to penetrate to the deeper significance that the subject of the research ascribes to the topic being researched, it involves an interpretative, naturalistic approach to its subject matter and gives priority to what the data contributes to important research questions and existing information”. (Denzin 1994).

### **5.1 Research Design**

Research Design, refers to the outline, plan all strategy specifying the procedure to be used in seeking an answer to the research problem (Christensen, 9<sup>th</sup> Edition). The total number of staff at Mahube Care Centre is 8. There are three main categories of staff, Management, Caregiver/Home carers and Administrative staff. I sought to distribute questionnaires to all the categories of the organisation. The questions asked were questions that would test my hypothesis. The questions comprised of a mixture of closed and opened questions. In addition, I conducted one-on-one interviews. I believe In the hope of gleaning information through the interviews that would be used for testing my hypothesis.

Some writers are of the opinion that subjects in the experiments should be put into two different groups (Ossip-Klein et al 1983). A control group and experimental group in order to be able to measure the variance. However, in my research this method would not be practicable. My research deals with stigma and there is no way I could have two different groups. I would want the respondent to freely provide the information required on the questionnaires so I would not want to control the respondents. The only bit of control I hoped to have is through the close-ended questions in the questionnaires, which will prompt respondents to choose an option.

I took into consideration the type of people at the organisation. Most are caregivers and are people who have basic education. Most are from the rural areas. Most speak basic English so I had to design my questions using very simple English. I also looked to get one of the administrative staff to translate some of the questions to those who would still have difficulties understanding the questions in the questionnaires. The above was necessary in order to create a good balance of participants used and further allowing for varying analysis.

According to Christensen (9<sup>th</sup> Edition), researchers sometimes design an experiment and collect data according to specifications of the design without attempting to determine if the



design would permit statistical analysis. He further states that to their dismay, these individuals frequently find either that their data cannot be worthwhile. I felt like for the purpose of my research, it would not be necessary to design an experiment, as it would not be worthwhile for this research.

There are various research designs such as, After-Only research design, between subjects after only research design, within subjects after only research design. Combining between subject designs and before after research design. However I did not use any of the above mentioned research design methods, as they were not appropriate in testing my hypothesis. Testing a hypothesis dealing with HIV and AIDS issue is very dynamic and I wanted the research to be as natural as is possible without much interference from me. This is because it is only then my research findings would be able to be used to make recommendations on how stigma related to HIV and AIDS could be eradicated within the organization.

The design that best answered my problem was the use of questionnaires. Questionnaires would be confidential therefore people would not need to put their names and also allows for a brief background on the respondent which allowed for further analysis on whether it shaped the respondents' opinion. I chose to design my questions around my hypothesis. Questionnaires would also allow for consistency which meant everyone would be responding to the same questions. This would make analysis easier. I used a combination of open ended and closed ended questions which meant the respondents who wanted to write more about their options were free to do so.

In conclusion, Kerlinger (1973) states that there are three criteria that need to be met in a research design. The first is whether the design answers the research question whether it adequately tests the hypothesis. The answer is yes. My questions of the questionnaires were designed based on testing my hypothesis.

The second criterion for a research design is whether extraneous variables have been controlled. As stated earlier the only control I applied was based on the questions I designed. There was no need for any potential rival hypothesis that needed to be eliminated. The third criterion of a research design is whether the results of my study can be applied to individuals other than those who participated in the study. The answer is yes. The idea was to be able to hopefully generalize about the scope of the study beyond the boundaries of the actual study. The result of the study could be used for any community home based organisation in a township in South Africa.

## 5.2 Sample Size

The total number of paid staff compliment, at Mahube Care Centre is 84.

The results of the research are based on data collected from a sample of members of staff.

The total number of questionnaires distributed was 84.

Most of the people that work for the organisation are women but I endeavoured to get most of the men to fill in the questionnaire. There would be a question in the questionnaire requiring the participants to tick which age band they fall under. This is very important, as it highlights a generation gap at the organisation.

I stated earlier that I would informally interview some of my colleagues, if possible, but that was just to glean extra information and should not affect the results of my research.

The sample would be descriptive, which basically means describing the sample. In addition I would be hoping to draw some inferential statistics, which means that I would be able to extrapolate the findings of the research not just for the totality of the organisation, but for similar sized community home based care organisations serving townships in South Africa.

## Chapter 6. Data analysis and results

In analysing the results of the data, frequency distribution was used in order to determine the number of people who ticked the same options in the questionnaire regarding each of the questions. This gave an idea of the percentage of respondents who had similar views of the same questions. For example, one of the questions in my questionnaires stated, “Should people living with HIV and AIDS be allowed to work at the organisation? With the options being (i) Yes or (ii) No.

Frequency distribution was used to determine how many of the respondents ticked Yes and how many ticked No. This was replicated amongst all the other questions.

Preferences was given to the use of histograms because it is easy to understand and graphically present frequency distributions. In the histogram a bar is drawn for each score on the measure. The length of the bar determines the number of respondents who answered the questions and not for each of the questions.

Weightings were put on each of the response in order to be able to calculate the mean score. Adding all the scores and dividing them by the number of respondents calculate the mean score.

Other interesting statistics chosen for calculate were the mean score, median and the mode. The mode score means the score that occurs the most.

In the literature of Donnely, S. (2002) *A new form of discrimination in the workplace*, the theorist suggests that discrimination is well and alive in South African companies and it’s wearing a new mask in the form of HIV and AIDS. She states that while the employment equity act has done a lot to addressing race and gender inequalities and in enlightening discrimination in the area, insufficient attention is being paid to discrimination on the grounds of HIV status. When relating this to the findings, most respondents agreed to being aware of the employment equity act as the workplace policy which they are more familiar with. Therefore, the above could be understood as a lack of a workplace policy dealing exclusively with the issue of HIV and AIDS in the workplace. Furthermore, respondents indicated the awareness of there being available policies however they are merely limited to paper and not put into action. The above can be seen as problematic in that it can be understood as institutes having selected priorities which unfortunately do not entail a HIV and AIDS workplace policy, which is ironic because HIV and AIDS is one of the biggest problems in South Africa.

A few of the respondents, when asked about their knowledge of societal and cultural ideas about HIV and AIDS, indicated their awareness of certain societal and cultural beliefs which were seen to negatively impact relationships within the workplace. The above is evident in Hereck, G.M. (1990) *Illness, Stigma and AIDS. Psychological aspects of serious illness* in which the theorist states that stigma could be attached to AIDS at a cultural level and translates into individual attitudes. AIDS related stigma adds an additional layer to the challenges of coping with HIV/AIDS. Furthermore, AIDS related stigma refers to all unfavourable attitudes, beliefs, behaviours and policies directed at persons perceived to be infected with HIV and therefore prevents them from being treated normal. Hereck (1990) further states that, culture plays a role in stigma, isolation and discrimination and it is affecting the spread, prevention, treatment and care of HIV/AIDS. Both societal and cultural beliefs can be seen to be very influential in that culture acts as one of the crucial foundations of an individual, therefore shaping the way in which they behave in certain instances and the decisions they make from time to time. The above can have a further impact on the organisation in that it undermines certain structures within the organisation such as work relationships, therefore creating a lack of understanding and communication between workers and management. From the above evident gaps one could be lead to rethinking of ways in which culture, society and the workplace can coexist in a manner that allows for the progression of all spheres through the implementation of a HIV and AIDS workplace policy which serves as a foundation which will assist in eradicating negative attitudes that hinder the success of the organisation and the individual.

In the literature of Brown, L., Trujillo, L. & Macintyre, K. (2001). *Intervention to Reduce HIV/AIDS Stigma: What Have We Learnt? The Population Counsel Inc*, it is illustrated how enacted stigma refers to the real experience of discrimination. An example of enacted stigma would be disclosure of HIV status by an individual could lead to a loss of job, health benefits or social ostracisation. This is one of the challenges we face in South Africa. In 1998, Gugu Dlamini, an AIDS activist, was killed by members of her own community for openly disclosing her HIV status. This can be linked to the point that one of the respondents raised of how disclosure of one's status could give rise to fear and result in a negative reaction to the individual from those around them. This is problematic as non-disclosure is a major setback in the treatment of HIV and AIDS infected individuals without which the individual's state of health is in danger of deteriorating which acts as both a loss to the community and the organisation. The above issue of disclosure acts as a paradox as disclosure is encouraged in

order to allow individuals to be comfortable with the issue of HIV and AIDS, however, at the same time, individuals fear that disclosure could result in the fear of being discriminated against on the basis of their status. A HIV and AIDS workplace policy would therefore encourage disclosure in a manner which would only yield positive results.

Therefore the correlation between the literature and the findings suggests that a HIV and AIDS workplace policy is necessary for all organisations as it benefits both the organisation and the employee in that: for the organisation it allows for good communication amongst the essential spheres within the organisation and allows for the employee to live a positive lifestyle whether they are HIV negative or positive.

### 6.1 Calculation of Variable Frequencies and Percentages

Table 6.1: Age distribution

Variable	Number	Percentage
Under 25	22	26
25-40	38	46
40-50	23	27
Over 50	1	1
<b>Total</b>	84	100

It is clear from Table 6.1 that there is adequate representation of varying age groups.

Table 6.2: Gender distribution

Variable	Number	Percentage
Male	22	26
Female	62	74
<b>Total</b>	84	100

Table 6.2 shows us that there were more female participants than male participants.

Table 6.3: Marital Status

Variable	Number	Percentage
Single	16	19
In a relationship	39	46
Married	3	4
Divorced	26	31
<b>Total</b>	4	100

Table 6.3 shows us that 19% of respondents were single, 46% of respondents were in a relationship, 4% of respondents were married and 31% of respondents were divorced.

Table 6.4: Mother Tongue

Variable	Number	Percentage
Tsonga	27	32
Zulu	57	68
<b>Total</b>	84	100

Table 6.4 shows that 50% of respondents were Zulu and 50% of respondents were Tsonga.

## 6.2 Calculation of findings within data

Table 6.5: Age responses to whether HIV/AIDS positive individuals should work

Age	Yes	No	Total
Under 25	9	5	14
25 – 40	47	7	54
40 and above	13	3	16
<b>Total</b>	69	15	84

Calculations to determine the difference in percentage of the various age groups of respondents who agree or disagree on whether HIV/AIDS positive individuals should work, revealed that 11% of the respondents under the age of 25, 56 % of the respondents between the ages of 25 - 40 and 15% of the respondents aged 40 and above agree that HIV and AIDS

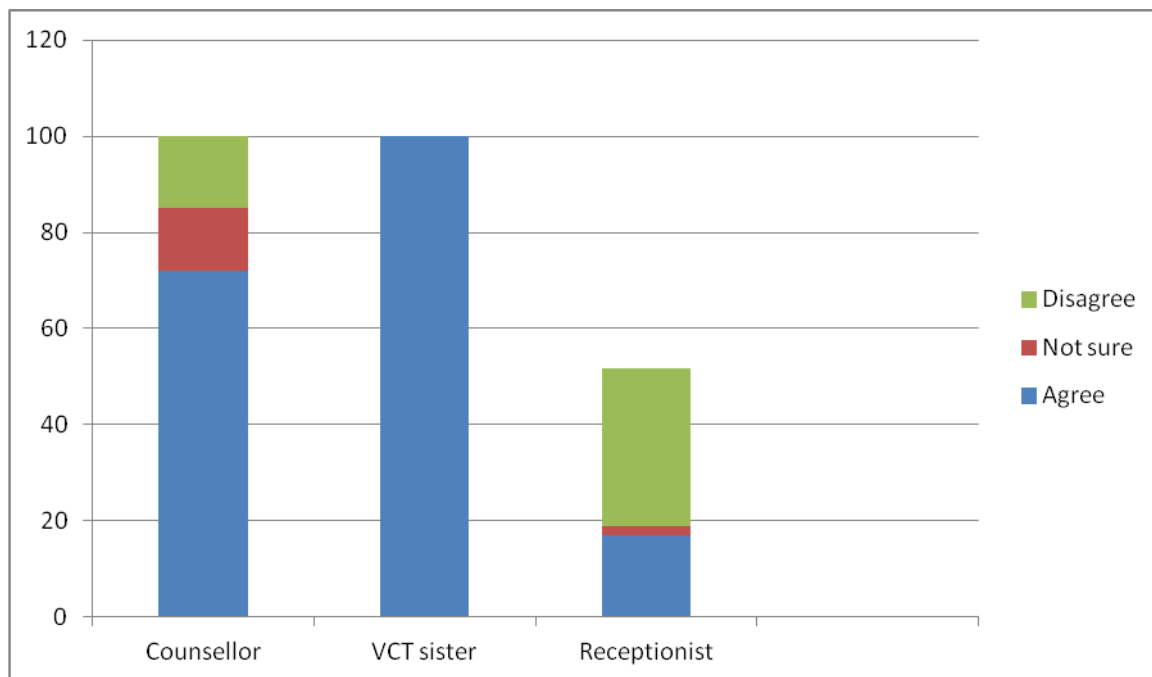
positive individuals shouldn't be allowed to work. However, 6% of the respondents under the age of 25, 8% of the respondents between the ages of 25-40 and 4% of the respondents who are 40 and above, disagree that HIV and AIDS positive individuals shouldn't be allowed to work.

Table 6.7: Occupational category responses to whether the introduction of an HIV and AIDS policy would remove stigma and discrimination in an organisation

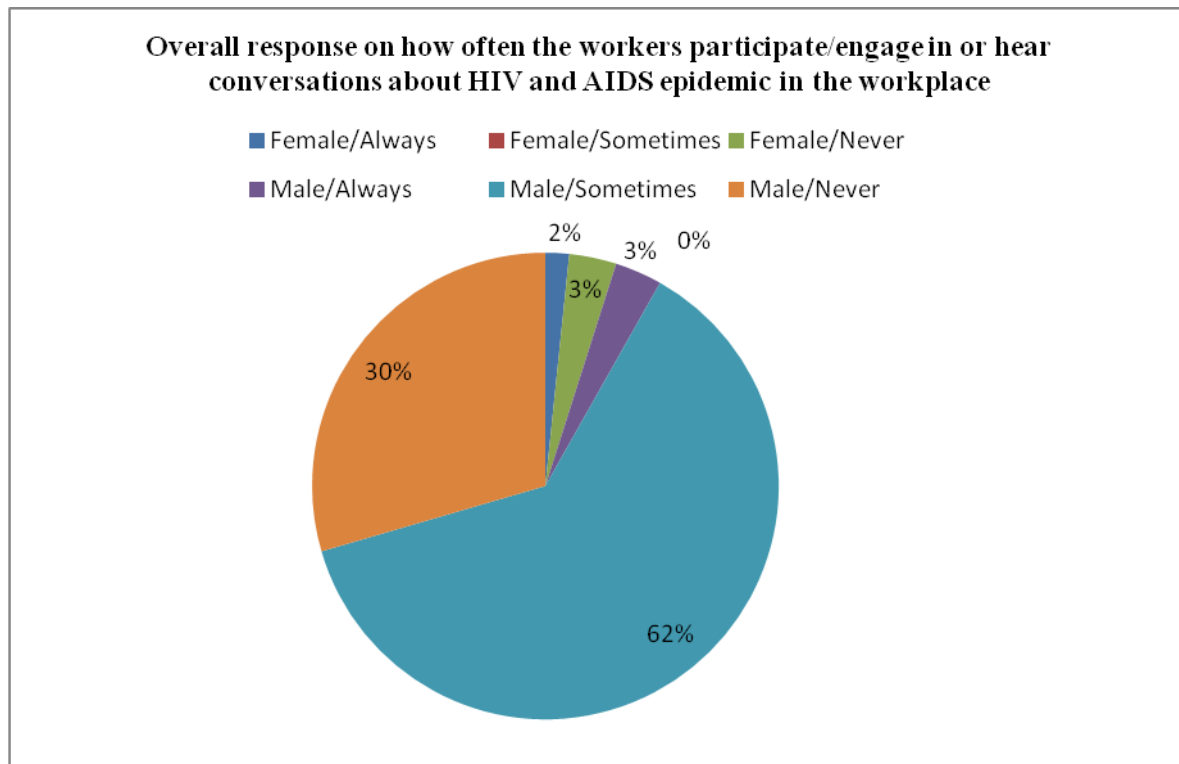
<b>Occupational category</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>Total</b>
<b>Counsellor</b>	49	10	9	68
<b>VCT Sister</b>	10	0	0	10
<b>Receptionist</b>	1	2	3	6
<b>TOTAL</b>	60	12	12	84

It has been found that 72% of the respondents within the above specified occupational categories agree that the introduction of an HIV and AIDS policy would remove stigma and discrimination in an organisation, whilst 14 % of the respondents within the above specified occupational categories are not sure whether the introduction of an HIV and AIDS policy would remove stigma and discrimination in an organisation and 14% of the respondents disagree.

When assessing occupational category, it was found that 58% of Counsellors, 1% of VCT sisters and 12% of receptionists agree that the introduction of an HIV and AIDS policy would remove stigma and discrimination in an organisation. 11% of Counsellors, 0% of VCT sisters and 4% of receptionists were not sure whether the introduction of an HIV and AIDS policy would remove stigma and discrimination in an organisation. 12% of counsellors, 0% of VCT sisters and 6% of receptionists within the above specified occupational categories disagree that the introduction of an HIV and AIDS policy would remove stigma and discrimination in an organisation.



**Figure 6.1** Overall response to whether the introduction of an HIV and AIDS policy would remove stigma and discrimination in an organisation.



**Figure 6.2** Overall response on how often the workers participate/engage in conversations about HIV/AIDS epidemic in the workplace



## **Chapter 7. Evaluation**

### **7.1 Reasons for the selected mediums of research**

Biographical Questionnaire – gives us insight to the participants' background and the biography which shapes how they will answer the interview questions as well as giving the interviewers direction regarding how the interview should be conducted in terms of the questions to be asked.

Interview – offers a more in-depth response from the participant and more information regarding the subject at hand. The interview also offers the respondent an opportunity to elaborate further on the responses which in turn gives the interviewer more insight regarding the information.

Informal Interview – will assist in gleaning information that would be useful in testing the hypothesis.

### **7.2 Ethical issues**

The focus of this research is susceptible to overstepping some ethical matters as the issue of HIV and AIDS tends to be a sensitive topic within society. Therefore the following ethical concerns were taken into consideration and were to the best of the researchers' ability avoided.

- Sensitivity: the researchers have clearly outlined the content of the research and obtained verbal consent from the participants before conducting the interview and issuing the questionnaire.
- Confidentiality: due to the nature of the research being conducted, it was imperative that the researchers ensured the confidentiality of both the interview as well as the questionnaires that were completed by the participants. This was done by letting the participants know that their names would not be revealed in any of the reports that would be compiled resulting from the interview but rather their response would be treated with anonymity.

## 7.3 Themes

### 7.3.1: Introduction of HIV and AIDS Workplace Policy

#### 7.3.1.1 Workers Knowledge of a HIV and AIDS Workplace Policy

Most respondents indicated that their knowledge of a HIV and AIDS workplace policy is one which promotes equal rights within an organisation (employment equity act) and stands against any sort of discriminations including discrimination based on workers' HIV and AIDS status. One respondent indicated that they believe that there are HIV and AIDS workplace policies in place; however, they aren't being translated into the workplace but are rather limited to written paper work. The above is evident in respondents' responses such as, "human rights, no one should be discriminated against for any reason of having HIV/AIDS" and "They are there but are not being followed or practice, they are paper locked away in cupboards".

#### 7.3.1.2 Workers' outlook on the organisation's dealings of the issue of HIV and AIDS in the workplace

Respondents indicated that they were satisfied with the way their organisation handles the issue of HIV and AIDS within the workplace as they showed similarities in their response by suggesting a strong sense of openness within the organisation. The above is evident in respondents' responses such as, "yes, we have no stigma towards each other and we all know about each others status by willing disclosure".

### 7.3.2: Importance of disclosure amongst workers

Most respondents indicated that it is important for workers to be able to disclose their status in the workplace as a lack of disclosure could prejudice the consistent required treatment of HIV positive workers and could further lead to a lack of understanding between management and workers on their health issues which in turn could become more stressful for the HIV positive worker causing them to now have to deal with health stress in addition to their HIV status. The above is evident in the respondents' response that, "yes, because of the type of work and for management to be able to comprehend the health status of a person because HIV positive people cannot cope in

all situations therefore regulating certain duties” and “yes, if they haven’t disclose, they won’t have access to get treatment, if you are not to go to the office and ask for days off for treatment they could die from stress rather than HIV/AIDS”. Furthermore, a respondent indicated that they believe that disclosure is not important because it is one’s right of choice on whether they would like to disclose their status or not, therefore it should not be compulsory due to the fact that after disclosure there arises a lack of understanding and the fear of how the HIV positive individual would be treated, as stated by the respondent that, “it’s my right to disclose, because after disclosure some people won’t understand and will start to treat me somehow”. Lastly, a respondent did further indicate that disclosure can eventually eradicate stigma in the workplace.

### 7.3.3: Societal and Cultural ideas about HIV and AIDS

#### 7.3.3.1 The impact of society’s negative ideas about HIV and AIDS on relationships within the workplace.

Most respondents indicated that societal stereotypes do affect relationships within the workplace as workers have a tendency of bringing with them to work certain ideas which they are exposed to in their communities as stated by the a respondent that, “stereotypes such as sharing things with HIV/AIDS people can affect the workplace and the relationships”.

#### 7.3.3.2 Relation between workers’ cultural ideas and the HIV and AIDS issue

Respondents indicated their awareness towards certain negative cultural beliefs about HIV and AIDS individuals and how it acts as a challenge in dealing with the issue of HIV and AIDS. These cultural ideas range from having sex with a young girl could cure HIV/AIDS to the belief that a traditional healer is able to cure one from HIV/AIDS. A respondent further stated that, “some believe being infected with HIV/AIDS is a curse, some say there is no HIV it is a witchcraft thing, Christians believe ARVs are not necessary, healing is through prayers”, which highlights the dangers of cultural ideas and how they can in the long run negatively affect relationships within the workplace.

#### 7.3.4: Impact of organisation's HIV and AIDS workplace policy on the community

Respondents agreed that an HIV and AIDS workplace policy within their organisation would have a positive impact within their respective communities as the knowledge gained at work through various methods can be taken back into the community by the worker. This is evident in respondents' responses such as, "people employed or involved in some field are more considerate in terms of social issues therefore mobilisation at work can lead them to mobilise in their community" and "you'll talk about what goes on at work and share any ideas learnt at work about living a positive life and continuous treatment"

## Chapter 8. Conclusions

A key finding in the research is that most of the results conformed to the theorists and their theories, however I found this to act as both a strength and weakness in my research report in that as mentioned above, the findings agreed with the theories however at the same time it acted as a weakness because it didn't give way to challenging any previous findings of research conducted on similar topics.

On the contrary, the findings in the research suggest that the position which one holds within an HIV and AIDS organisation, in many ways shapes the way in which the individual relates to certain issues of HIV and AIDS within the workplace and to certain extents within their community. This could be due to the fact that the knowledge that an individual has about issues related to HIV and AIDS could be limited to the position they hold within their communities or within the workplace, which ultimately could act as an additional barrier or obstacle towards community development.

Another strength is that the research project gave people a platform on which to voice out their thoughts on the issue within an organisational setting, where as previous research had a lack of focus on the implementation a HIV and AIDS workplace policy within the organisation.

The chosen methodology was effective in gathering all the necessary and required information for the chosen research topic. It was reliable in that it allowed for an easy approach and access to the respondents and it is further validated by the fact that it resulted in the similar results found in previous research. Throughout the various literature acquired on the HIV and AIDS workplace policy, it is evident that there is mention of the HIV and AIDS workplace policy and its aim, benefits to both the individual and the organisation, and the disadvantage of not having a HIV and AIDS policy in place. However, the literature tends to neglect the fact that the HIV and AIDS workplace policy in most cases has been limited to paper rather than being extended into concrete action which would deal with the HIV and AIDS issue within the organisation. Nonetheless, it is evident that in various case studies the HIV and AIDS workplace policy when implemented proves to effectively tackle the issue of HIV and AIDS in the workplace and succeeds in its aim to eradicate stigma and discrimination, reduce new infections by increasing VCT, and increasing openness about HIV and AIDS in the workplace. Furthermore, the findings have shown that majority of workers are supportive of not only the existence but the full implementation of the HIV and AIDS workplace policy within the organisation and strongly believe that the positive impact

of the HIV and AIDS workplace policy would further extend into the community therefore having a dual purpose of benefitting both the organisation and the community. Therefore, the above clearly show that the implementation of a HIV and AIDS workplace policy is a crucial necessity not only for organisations but also communities within the South African society which is greatly affected by the HIV and AIDS epidemic.

## References

- Brown, L., Trujillo, L., Macintyre, K. (2001). *Interventions to Reduce HIV/AIDS Stigma: What Have We Learned?* The Population Council Inc.
- Christensen, L.B. (Ninth Edition). *Experimental Methodology*.
- Davies, S. et al (1998). *Guidelines for Developing a Workplace Policy and program on HIV and AIDS and STDs*. South Africa: Department of Health
- Denzin, N.K., Yvonna S.L (1994). *Handbook of Qualitative Research*. Sage Publications Inc. London
- Donnelly, S. (2002). *A New Form of Discrimination in the Workplace* ([www.iol.co.za](http://www.iol.co.za) April 29th 2002).
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice Hall
- Hereck, G.M. (1990). *Illness Stigma and AIDS. Psychological Aspects of Serious Illness*. Washington D.C.: American Psychological Association.
- HIV/AIDS. (2004). [www.mercedes-benzsa.co.za/sustainable-development/hiv-aids](http://www.mercedes-benzsa.co.za/sustainable-development/hiv-aids)
- Kerlinger, F. N. (1973). *Foundations of Behavioural Research*. Holt, Rinehart and Winston. New York
- Malcolm, A. et al. (1994). HIV-related Stigma and Discrimination: Its Forms and Context. *Social Science and Medicine* 41(9): 1207-1216
- Pfizer Inc. (2002). HIV/AIDS Workplace Policy: Promoting a Safe Working Environment. [www.Pfizer.com](http://www.Pfizer.com)
- UNAIDS Outlook Report. 2010. <http://www.unaids.org/en>.
- Workplace Policy on HIV/AIDS. (2008). [www.total.co.za/os/ossouthafrica.nsf](http://www.total.co.za/os/ossouthafrica.nsf)

## **Addenda**

### **Addendum A.**

#### **Interview Questions**

1. Are you related to or know of anyone who is HIV positive?
2. What is your understanding of stigma and discrimination in the workplace?
3. Do you think that HIV and AIDS affect the workplace? How?
4. What is your knowledge of policies aimed to deal with or protect the right of HIV and AIDS infected workers in the workplace?
5. Are you happy with this organisation's current outlook on the issue of HIV and AIDS in the workplace? Why?
6. Are there any HIV and AIDS strategies/ideas that you would like to see introduced into the workplace? Why?
7. Do you think it is important for workers to be able to disclose their status in the workplace? Why?
8. Do you think that stereotypes (negative ideas society has about HIV and AIDS infected people) can affect relationships within the workplace and/or how the organisation is run? Why?
9. What idea are there in your culture about the HIV and AIDS issue (how is the HIV infected individual being portrayed)?



10. Do you think that an HIV and AIDS policy within the organisation would have an impact on the worker's community? How?

## Addendum B

### Questionnaire

(Please indicate with an X)

1. Age: \_\_\_\_\_
2. Sex:    male ☐                      female ☐
3. Marital status: single ☐ in a relationship ☐ married ☐ divorced ☐
4. Race: Black ☐ White ☐ Indian ☐ Coloured ☐ Other ☐ (specify) \_\_\_\_\_
5. Mother Tongue: \_\_\_\_\_
6. Highest education level : \_\_\_\_\_
7. Should people living with HIV and AIDS be allowed to work at the organisation:  
Yes ☐ No ☐
8. How often do you participate/engage in or hear conversations about the HIV and AIDS epidemic in the workplace? Always ☐ Sometimes ☐ Never ☐
9. Do you think that the introduction of an HIV and AIDS policy would remove stigma and discrimination in an organisation? Yes ☐ No ☐ Not sure ☐
10. Do you think that the introduction of an HIV and AIDS policy in this organisation would have a positive impact in the workers' community?  
Yes ☐ No ☐